

STATE OF MAINE

BOARD OF CHIROPRACTIC LICENSURE

CHIROPRACTIC ASSISTANT

APPLICATION FOR

**CERTIFICATE OF QUALIFICATION
OR
TEMPORARY CERTIFICATE**



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8620 Fax #: (207) 624-8637
HEARING IMPAIRED 1-888-577-6690
Office located at: 122 Northern Avenue, Gardiner, Maine

E-mail: Antonio.Sirabella@maine.gov

APPLICATION INSTRUCTIONS

**CHIROPRACTIC ASSISTANT
OR
TEMPORARY CERTIFICATE**

Application will not be processed until all documentation is received.

If you are applying for a chiropractic assistant certificate of qualification, you must submit the following:

- ☐ Completed application
- ☐ Application fee \$25.00
- ☐ Certificate fee \$50.00
- ☐ Criminal history record check fee \$15.00
- ☐ Verification of a high school diploma or equivalent
- ☐ Documentation of successful completion of a course of study
- ☐ Documentation of successful completion of the examination requirement, **OR**
- ☐ Documentation of three years employment as a chiropractic assistant for a minimum of three years prior to enactment of the Statute which is 10-2-92

If you are applying for temporary chiropractic assistant, you must submit the following:

- ☐ Completed application
- ☐ Application fee \$25.00
- ☐ Certificate fee \$50.00
- ☐ Criminal history record check fee \$15.00
- ☐ Verification of high school diploma or equivalent
- ☐ Documentation of enrollment in a Board approved course of study

Complete the application and submit to the Board along with the required fee of **\$90.00**. Payment of fees may be made in the form of a check or money order payable to Treasurer, State of Maine, or VISA or MasterCard – (see credit card authorization form).

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for each application filed with this office.

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identification to charge a fee to government organizations for services provided. As of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety, which shall be \$15.00 as of May 1, 2003.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
BOARD OF CHIROPRACTIC LICENSURE
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04333-0035

Direct Tel: (207) 624-8620 Receptionist: (207) 624-8603
FAX: (207) 624-8637 TTY/Hearing Impaired: 1-888-577-6690

Office use only
Cash # _____

4180 1446 \$25
4180 1423 \$50
4180 1422 \$50
4180 2619 \$15

John Elias Baldacci
GOVERNOR

ANNE L. HEAD
DIRECTOR

☒ CHECK APPROPRIATE BOX Application Fee (1446): \$25.00

☐ Chiropractic Assistant Temporary Certificate - (1423) \$50.00

☐ Chiropractic Assistant Certificate of Qualification - (1422) \$50.00

☐ Criminal Background Check Fee (2619) \$15.00

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, contact address and other information listed on this application may be posted on the State's website.

Name:

Any Other Names Used:

Contact Address:

City:

State:

Zip Code:

County:

Telephone #:

Social Security #:

Date of Birth:

Employer Name:

Employer Business Address:

City:

State:

Zip Code:

County:

Telephone #:

PERSONAL DATA

Check appropriate response to the questions. Any **YES** response must be fully explained by written statement on a separate sheet of paper, signed and dated, and submitted with your application.

HAVE YOU EVER:

1. Had any state or territory of the U.S. province/territory of Canada or any other jurisdiction. EVER deny your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring)?

☐ YES ☐ NO

2. Suffered from any psychiatric or addictive disorder that would impair or require limitations on your functioning as a practitioner or resulted in an inability to engage in your professional practice for more than 30 days?

☐ YES ☐ NO

3. Been indicted, arrested or convicted of any criminal offense (including motor vehicle offenses, but not including minor traffic or parking violations)?

☐ YES ☐ NO

(If YES, please attach a detailed explanation and provide a copy of the court judgment/disposition.)

☐ YES ☐ NO

4. Had a claim settlement by negotiation/arbitration or judgment by a court in a claim of medical malpractice liability in which you are/were named as a defendant with any degree of liability including “nuisance” suits and including settlements made by your insurance company/representatives without your express consent?

☐ YES ☐ NO

Name of Supervising Maine Licensed Chiropractor <i>(Please Print)</i>	
Maine Chiropractic License Number	
Signature	

I, the undersigned, affirm under penalties of perjury and subject to the disciplinary laws and rules of the board that all information requested in this application has been answered and that all answers are accurate and truthful. If granted a license by the Maine Board of Chiropractic Licensure, I will abide by the laws of the State of Maine and Board rules governing the practice of chiropractic, and will keep the Board informed of my current address.

Applicant's Name <i>(Please Print)</i>	
Applicant's Signature	
Date	



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Contact Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #:
Name of cardholder: (if other than applicant)		
Contact Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____

Card number

Expiration date: ____/____/____ in the amount of: \$ _____

Signature: _____ Date: ____/____/____